

U.S. DOC/NOAA Central Administrative Support Center Vendor Award Profile Form

The purpose of this form is to provide mandatory award and payment information for NOAA. This information is required as set forth in FAR 52.232-33, Mandatory Information for Electronic Funds Transfer Payment, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. NOAA will use the information only for the purposes stated in the reference cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments.

This is a new profile:

This is a revised profile:

If you are submitting a revised profile, please provide comment as to reason in comment box on last page.

Contact Information: (Please Print Clearly or Type on Line)

Mailing Address: *(Please enter company name, and full mailing address in the block below.)*

Payment Address: *(Leave blank if same as mailing.)*

Company Web Page Address:

Point of Contact:

Fax Number:

Phone Number:

800 Number:

Contact E-mail Address:

(By providing your e-mail address, you will be automatically informed when payments are made to your account.)

FPDS Data:

Type of Business:

Manufacturer or Producer
Service Establishment
Construction Concern
Regular dealer
Surplus Dealer
Research & Development

Corporate Status:

Corporation
S-corporation
Sole Proprietorship
Partnership
Individual no incorporation
None of the above

Ethnic Orientation:

African American/ Black
Asian
Hispanic or Latino
Pacific Island/Hawaiian Native
American Indian/Alaska Native

Size of Business:

Large
Small
None of the above
Outside the US
Education/Non-Profit

Set-Aside Status:

8A Status
Non-Profit
JWOD (Javits-Wagner-O'Day Act)
Educational Institute
Emerging Small Business
Higher Educational Institute
Historically Black College or University
Minority Institute
American Indian
Foreign Vendor
Hospital
State or Local Government
Veteran
 Disabled Vet
 Vietnam Vet

Ownership:

Woman Owned
Disadvantaged
Both
None of the above

Taxpayer Identification:

A Taxpayer Identification Number (TIN) is required by law. If you fail to provide us with this information, your payments may be subject to backup withholding.

For individuals enter your Social Security Number (SSN) (format 111-11-1111)

For other entities enter your employer identification number (EIN) (Format 11-1111111)

TIN or SSN:

Duns Number:

Payments made by the Federal, state or local government agencies to individuals or corporations for services are reportable on Form 1099-MISC. Please indicate if you provide services to

NOAA: Yes

No

Parent Corporation:

If your company is a subsidiary or part of another corporate entity, please provide the following information.

Parent Co name:

Parent TIN:

Parent Duns #:

Payment and Electronic Funds Transfer Information:

The Debt Collection Improvement Act of 1996, effective July 26, 1996, mandates the use of Electronic Funds Transfer for all Federal payments to recipients who become eligible to receive such payments 90 days after enactment, which was July 16, 1996. Federal agencies may grant waivers for this mandate to recipients who certify in writing and send to the Finance Office stating that they do not have an account with a financial institution.

Please enter Financial Institution Name and address in the box below:

Bank ACH Coordinator Name:

Phone No.:

Routing/Transit Number (ABA#) 9 digit Account Number:

Bank Account Number:

Account type:

Checking

Savings

Lock Box

Payment Terms/Discount Terms (if any):

Credit Cards Accepted:

EDI Capable:

Certification:

Certification - I certify that the information which I have provided on this form is correct:

Name:

Title:

Phone:

Signature: _____ Date:

Check to see that all required fields have been completed before printing this page.

NOTE: This form must be signed and faxed to the Acquisition Management Division at 816-426-7530. Please indicate in comment box below name of Contract Specialist who requested the form.

Send form to the Acquisition Division Data Administrator, print form, sign, date, and fax to requesting Contract Specialist.

COMMENTS: